Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	004028	A. BUILDING _____ B. WING _____	C 03/29/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YORK HOUSE	725 W 50TH ST MARION, IN 46953

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00105726. Complaint IN00105726- Substantiated, no deficiencies related to the allegations are cited. Survey date: March 29, 2012 Facility number: 004028 Provider number: 004028 AIM number: N/A Surveyor: Jeri Curtis, RN Census bed type: Residential: 39 Total: 39 Census payor type: Other: 39 Total: 39 Sample: 4 York House was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00105726. Quality review completed on March 30, 2012 by Bev Faulkner, RN	R 000		